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**Annette Nelson Memorial Scholarship**

**In association with**

**Clarinda Regional Health Center (CRHC) Auxiliary**

**Background**

This scholarship was established in 2017 to honor the life of Annette Nelson and to continue her legacy of service, generosity, and her love of sports. The Annette Nelson Memorial Scholarship is an annual award that focuses on recognizing ambitious, driven, and goal-oriented individuals with a background of consistent civic involvement or community service, and a love of playing or supporting any high school sports program.

The recipient will receive a one-time award of $1,000 facilitated through the Clarinda Regional Health Center Auxiliary, a program Annette loved and devoted much of her time, to a graduating senior from Clarinda Community High School.

**Applicant Qualifications and Guidelines:**

* Graduating senior from Clarinda Community High School
* Cumulative GPA of 3.0 or above
* Participation in high school sports
* Civic or Community Volunteer
* Scholarship monies will be distributed directly to the college financial office after completion of one semester and proof of registration for classes in the second semester will be provided to the CRHC Auxiliary.

**Deadline:**

Application and letters of recommendation must be either returned to Clarinda Regional Health Center Auxiliary Gift Shop in person or postmarked no later than April 15th, 2019. Mailing address is:

Annette Nelson Memorial Scholarship

c/o CRHC Auxiliary

P.O. Box 217, 220 Essie Davison Drive

Clarinda, IA 51632

Thank you for applying for the Annette Nelson Memorial Scholarship. We look forward to receiving your application.

Sincerely,

CRHC Auxiliary

**Annette Nelson Memorial Scholarship Application**

Please print or type.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of siblings at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Graduated from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACT Score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List courses you have taken and experiences related to your field of study: (i.e. job shadowing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List school-related extracurricular activities you are active in, specifically list sports involvement

and number of years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List community and church activities you are active in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List specific examples of volunteerism and approximate hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What schools are you interested in attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your course of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your family’s income from the previous year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List financial assistance received:

Parent’s Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loans, Scholarships, Grants, other: (check if approved or pending)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_ Pending \_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_ Pending \_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_ Pending \_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_ Pending \_\_\_

Employment Experience (if applicable)

|  |  |  |
| --- | --- | --- |
| Employer | Year(s) employed | Supervisor |
|  |  |  |
|  |  |  |
|  |  |  |

Scholarship Application Essay:

Describe your academic and career goals and your plans to achieve them and discuss any of your extracurricular/volunteer activities that you participate in. Explain how this scholarship will help you achieve your goals.

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**\*\*\*Please submit three (3) letters of recommendation with this application and a short essay about your educational goals. The three (3) letters of recommendation should be from the following individuals:**

* **One letter from a volunteer coordinator**
* **One letter from a coach during your high school career**
* **One letter from a teacher in your high school**

Application must be postmarked no later than **April 15th** and mailed to:

Annette Nelson Memorial Scholarship

c/o CRHC Auxiliary

P.O. Box 217, 220 Essie Davison Drive

Clarinda, IA 51632

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information provided is complete and accurate to the best of my knowledge. I also authorize my high school or college to provide any of my personal records or transcripts for the purpose of evaluating this scholarship request.

I also agree that if I am offered and accept this award from the Clarinda Regional Health Center Auxiliary, they may use my name, the name and address of my school, the amount of the award, and the name of the college I am attending in press releases, public announcements, or other promotional materials. I will be available to schedule pictures necessary for press releases.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s Signature Date